

U.S. Health 1975

□ Lower infant death rates and longer life expectancy as well as rising rates of venereal disease and higher medical costs are shown in a report on health in the United States in 1975 submitted to the Congress and the President by the Secretary of Health, Education, and Welfare (HEW).

□ Rates of infant deaths in the nation declined from 29.2 per 1,000 live births in 1950 to an estimated 16.5 in 1974. Over the same period, life expectancy at birth increased by nearly 4 years. The death rate for heart disease, the nation's major killer, is decreasing.

□ The report, "Health, United States, 1975," includes data on health care costs and financing, health resources and utilization, and health status. The data are from four HEW components—Health Resources Administration, Social Security Administration, Center for Disease Control, and Alcohol, Drug Abuse, and Mental Health Administration—as well as from other Federal and non-Federal sources.

□ Over the past 10 years, the report shows, many of the striking differentials in the use of health services by people at different income levels have been substantially reduced. In 1964, 28 percent of the poor had not seen a physician within 2 years, in contrast with 17 percent in 1974. For those who were not poor, the respective proportions were 18 and 13 percent.

□ But health care still takes a disproportionate share of the income of the poor. In families with incomes under \$2,000, a group with a high proportion of elderly persons who have high health expenses, about 13 percent of the family income is spent for health care. In families with incomes of \$7,500 or more, less than 4 percent of the income is used for health care.

□ The report also shows a marked and continuing decline in the resident population of State and county mental hospitals—the result of a shift in treatment to outpatient facilities. In 1955 only 23 percent of the treatment episodes in mental health facilities were in outpatient facilities. In 1973, 65 percent of the episodes were outpatient.

□ Health care has been taking an increasing share of the nation's total production of goods and services. By 1975 national health expenditures totaled approximately \$118 billion or 8.3 percent of the gross national product. In 1950 the expenditures were \$12.6 billion and less than 5 percent of the GNP. The change is due primarily to inflation and to increased use of services, including new and costly techniques of care.

□ Sources of payment of costs have shifted markedly. In 1950 more than two-thirds of personal health care costs were paid directly by the patient; in 1974 the patient's share was one-third of the total.

□ The nation's supply of physicians has been growing far more rapidly than the population. Overall, the number of persons per physician decreased from 653 to 562 between 1965 and 1973, through increases in the number of medical school graduates and the licensing of foreign-trained physicians.

□ The geographic distribution of physicians is uneven. There are more than 1,000 physicians for each practicing physician in States with more than 1,000 persons for each practicing physician and States with just over 400. There are approximately 500 persons for each non-Federal physician in the largest metropolitan areas and more than 2,000 in nonmetropolitan counties. The distribution is even more disparate for medical specialists. Dentists, nurses, and other health professionals are also concentrated in urban areas.

□ Copies of the report, the first in an annual series required by Public Law 93-353, the Health Services Research, Health Statistics and Medical Libraries Act of 1974, are available from the National Center for Health Statistics, 5600 Fishers Lane, Rockville, MD 20852.

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Cover—Three papers in this issue focus on nursing. Dr. Donald W. Simble describes a method for budgeting rationally for nursing services, a major financial concern to hospitals (p. 118). Phyllis Combs examines outcomes of referrals from a Veterans hospital to community nursing services (p. 127). Thomas W. Dobson and coworkers profile a typical nurse-associate training program in a survey of U.S. programs (p. 127).

